



Emergency Healthcare Consent

To All Parents & Guardians:

In the event of a health emergency or accident at school, parents/guardians of the child concerned will be notified and appropriate health measures will be taken. In life-threatening emergencies, parents agree that 911 will be called and all due life-saving procedures will be taken. Parents/Guardians provide this written consent, which authorizes the school to obtain emergency healthcare for the children. For minor problems the school provides first aid in consultation with the school nurse.

Please sign below and return on or before your child's first day. If you have any questions, please contact the office.

Thank you.

I _____, hereby give the Montessori School of
(Parent/Guardian)
Rochester my consent to treat _____ in case of
emergency. (Child's Name)

Parent/Legal Guardian

Date

Parent/Legal Guardian

Date